U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440

READ THE INSTRUCTIONS CAREFO	LLT BEFORE PREPARING IN 5 REPORT.
E Service Serv	
1. File Number U - / 7017	2. Fiscal Year Covered From
,	01 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	Name, file number, and address of labor organization.
Name William D Bailey	Name UA Local 393
- · · · · · · · · · · · · · · · · · · ·	Labor Organization File Number 028-029
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 630 HopKins LANC.	Street 6150 CoTTLe Rd.
City Linealy	City SAU Jose
State (14. ZIP Code + 4 95648	State Ca. ZIP Code + 4 95-723
	dusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	r derived income or other economic benefit of tion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No , if any	
	7.b. Amount,
Street	
City	
State ZIP Code + 4	
Sig	nature
	of Perjury and other applicable peralties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed William Valo Dalis Dailey	On 8-/405 9/6-40847323 Date Telephone Number
	Total Total Number

Name of Person Filing WI (11 Azzz DALE 1374	Fi'e Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or easing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ITFT RAPINING Fraid	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	. b. Trust
Street 901 Massachathes are NW c. Employer	
city WAShington D.C.	
city WAShington D.C. State District of Columbiazip Code + 4 2000/	:
10. If 9.b. or 9.c. is checked give trust or employers name	11.a. Nature of such dealing
Name	
Trade Name, if any:	
P O. Box, Bldg , Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Expense To Trustmuetor
	Expense To Austractor
	12.b. Amount. \$ 12.75.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a. Nature of payment
Name	
Trade Name, if any:	
P O Box, Bldg , Room No , if any	i Tanananan
Street	!
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

